MAXIMUS Federal Services

Case Number:	CM15-0202950		
Date Assigned:	10/19/2015	Date of Injury:	11/03/2008
Decision Date:	12/03/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 41 year old male with a date of injury on 11-3-08. A review of the medical record indicates that the injured worker is undergoing treatment for chronic lower back pain. Progress report dated 8-27-15 reports continued complaints of lower back pain with radiation down both legs. He reports a decrease in pain since the last visit. The pain is rated 5 out of 10 with medications and 8 out of 10 without medications. His quality of sleep is poor. He states the use of the TENS unit has been very helpful. He uses it along with core exercises and his activity level has increased. Objective findings: lumbar spine reveals surgical sites, range of motion is restricted due to pain in all planes, straight leg raising test is positive on the left side in sitting at 60 degrees and all lower extremity reflexes are equal. Treatments include: medication, bilateral lumbar epidural steroid injection provided 60 percent relief for 2 months, physical therapy provided moderate relief, aqua therapy provided good relief and acupuncture provided moderate relief. MRI lumbar spine on 8-6-09 revealed left SI severely swollen, left L5 root swollen, small central disc protrusion at L5-S1. Request for authorization dated 9-11-15 was made for TENS unit. Utilization review dated 9-18-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Guidelines do not support TENS as a primary treatment modality and reserves its use for one-month home based trial in patients with an adjunct program of functional restoration. In this case, there are no documented outcomes resulting from use of a TENS unit such as pain relief and function. The request for a TENS unit for home use is not medically appropriate and necessary.